

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
098 01854

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1											
2		1										
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50												
TOTAL IND.	3											
TOTAL DEP.	15											
TOTAL CLAIMS	18											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS